Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group
Y Gyfarwyddiaeth Gofal Sylfaenol a Gwyddor Iechyd
Directorate of Primary Care and Health Science

Llywodraeth Cymru
Welsh Government

All Primary Care Dental Teams in Wales

22 March 2021

Dear Colleagues,

Continued Financial Support and Measures: 2021-22, Quarters 1 & 2
Frequently Asked Questions

Following on from the Chief Dental Officer letter of 18 February 2021 which set out the requirements and expectations in Quarter 1 and Quarter 2 of the new financial year, please find attached a Frequently Asked Questions document which provides additional guidance during this phase of recovery.

The document has been produced by Health Boards and endorsed by Welsh Government. Thanks to those who helped in compiling the document, in particular Jodie Collins. I hope you find it useful.

Yours sincerely,

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Continued Financial Support and Measures - Quarter 1: 1 April to 30 June 2021; and Quarter 2: 1 July to 30 September 2021

Frequently Asked Questions

Theme	Query/Question	Answer
Orthodontics	What is the expectation for orthodontic practices?	Prioritise completion of treatments and case starts for those who have the greatest need, from the current waiting lists and new patient referrals. Reduce the number of assess/reviews (one per patient). Timely completion and submission of FP17OW forms. Use the electronic referral management system to accept all referrals to NHS orthodontic services. All referrers must use the 'once for Wales' orthodontic referral proforma within the eRMS system. No referrals for NHS orthodontic care should be made or accepted without using the eRMS. The information that is recorded on the eRMS proforma is sufficient for the specialist triaging cases to make a decision on the priority for NHS care so those with greatest need are seen first. Further guidance on the recovery of orthodontic services will be issued by the end of March 2021.
PDS Contracts, OS, Sedation & Doms	How will specialist contracts be managed?	All services to manage oral health need and risk for patients, prioritising delivery of care. See also Business Continuity and Financial Support FAQ doc issued 30.04.20 (Q&A no. 14). If the Health Board has a Specialist contract or Service Level Agreement with a Dental Provider for services paid on a session or patient activity basis, consideration will need to be given on a case by case basis. The varied types of contracts and SLAs in place will need an individual approach.
UDA Delivery	Will practices be monitored against their UDA targets	UDA (and UOA) performance monitoring targets continue to be suspended in Quarter 1 & Quarter 2 as long as practices adhere to the expectations detailed. UDAs and UOAs continue to be reported (ghosted) and can be seen alongside other data in eDEN. NHSBSA assurance reports will also identify outliers.
Innovation Funds	How will Innovation Fund contracts be managed and dealt with?	The Health Board may amalgamate Innovation Funds into one practice ACV. Practices may be expected to deliver additional access according to their ACV.
Mandatory use of ACORN Findings	Do all practices need to complete ACORN?	Regardless of practices being in reform or not, all practices must complete ACORN (8 data points) for all patients at least once every 12 months. If the 8 data points are not fully completed the FP17W will be rejected.

		(See also answer below regarding guidance for ACORN completion for urgent/emergency patients).
	Why is there a threshold for Fluoride Varnish but not ACORN?	The aim is for the ACORN to be completed in 100% of cases and current data shows 86% compliance. There is currently no sanction for not completing the ACORN but this will be kept under review.
	Urgent ACORN - why have practices got to complete an Urgent ACORN when EDS providers do not?	All practices should complete an Urgent ACORN (summarised in 8 data points on the FP17W) if a patient attends for an urgent appointment/CoT. The possible use of ACORN in the EDS is being kept under review.
	Urgent Acorns feel out of place when dealing with a difficult specific urgent requirement	There are two ACORN assessments and guidance - one for routine patients and one for urgent/emergency patients. For the latter group the ACORN tool does not need to be completed, only the data points on the FP17W. 'Urgent Treatment' on the FP17W must also be ticked so that this data can be differentiated from a full ACORN risk and need assessment completion. Patients presenting in pain and/or using EDS often include those from vulnerable groups experiencing poor oral health. It is necessary to understand their 'needs' and plan care appropriately. Addressing inequalities in access and the provision of preventively focussed NHS dental care is at the heart of the vision for dentistry and the ACORN (an individual oral health need and risk assessment) is the foundation of this.
	% of claims (FP17) with ACORN is not accurate if the patient has had an ACORN on a previous course within 12 months. % ACORN on a unique patient within 12 months is more accurate and wont penalise practices that were already on 'Contract Reform'	There is currently no penalty involved. In addition we are a year into the pandemic and the pausing of contract reform.
	If the caries/perio risk changes mid-year before the next ACORN and the recall interval changes, the recall will not correlate to the original ACORN risk recorded. How will we correct this correlation?	Update at next ACORN.
	Previously it has been stated that 95% compliance is required. Is this referring	Refers to the accurate completion of the 8 data points.

	to 95% of the data points within the forms being completed per patient, or 95% of forms completed for patients seen? Or will there be no 'official' measurement against this target?	
Non Compliance	Is there a requirement for practices to comply with the recovery period?	If practices do not comply with the principles as set out in the recovery period then practices will revert back to UDA monitoring.
AGPs	Are we still required to submit weekly data via FDS, inc of total number of AGPs carried out	Yes, the HB will continue to monitor activity submitted via FDS along with FP17W returns during the Amber phase of the pandemic. This is being kept under review and unlikely to be retained in the longer term.
Ventilation	Do practices need to submit evidence of ACPH if they have not applied or been awarded monies from the ventilation funding	Yes, all practices will be required to submit verification of their ACPH and confirm the number of surgeries with either natural and/or mechanical ventilation by 31st March 2021.
New Patients	What happens if a practice does not continue to accept new patients per week? What are the sanctions exactly?	The benchmark - 2 patients per £165K contract pro rata. If practices do not continue to accept these patients sanctions will be put in place from Quarter 2. As per CDO letter of 18.2.21 the measure is: the % throughput of patients (compared against historic patient numbers, as increased to reflect the new patient requirements) considered reasonable within Quarter 2. Any linked sanction for not meeting the measure, will be confirmed following further assessment of the situation in Quarter 4 2020-21 and Quarter 1 2021-22. Decisions will include a consideration of the situation with the pandemic and progress with the vaccination roll-out.
	In terms of financial support for new patients, is this for every patient on the list or every patient that has attended? This could be a difficult for associates, especially part time ones.	Financial support is for the whole contract. 2 new patients is about half a session of a full time dentist. Sanction in Quarter 2 if not meeting 2 new patient target. This is a contract requirement not for individual clinicians.
	DNAs should be captured and reported - appointments are scheduled for longer and DNAs/late cancellations will impact on numbers, particularly in areas of deprivation where DNA rates may be higher. How will this be captured/ reported?	Practices can record DNAs manually if they believe there is a significant issue in their patient base. Practices can reduce DNAs of unfamiliar patients by using Attend Anywhere to pre-populate the ACORN before they physically attend the practice.

	50% of ‘unfamiliar’ patients will be from LHB. From April?	Patients seeking urgent/essential care can be signposted to practices via OOH, Dental Helpline, Health Board, other local services. This is a matter for local decision and agreement.
	The majority of child appointments will be classed as new patients due to not being seen for 1 year	Yes, particularly in recovery phase. We have said half of new patients should be adults whenever possible. 'New to Contract' - New patients are defined as patients whose previous visit to the contract was greater than 12 months (children) or 24 months (adults) prior to their current treatment, or who have no previous visit to the contract. 'New to NHS' - New patients to NHS are defined as patients whose previous visit to any NHS contract was greater than 12 months (children) or 24 months (adults) prior to their current treatment, or who have no previous visit to any NHS contract.
	In terms of new patients and exceeding two patients a week, exceeding by how much?	For Health Board arrangement/agreement. Health Boards can set out expectations.
	Sooner or later a saturation point will be reached when a contract has the appropriate number of patients to care for. At this point investment in additional contracts or additional funding of existing contracts will be required. this is especially important in areas with a growing population	Agree. Practices who have been particularly active in seeing new patients and applying appropriate recall intervals will reach this point. Data will support decision making if this happens.
	Do practices need to offer ongoing care to these new patients	The expectation is that all patients receive same day care, if required, and the offer of ongoing care.
Recalls	What percentage of Adults with 3 ‘green’ conditions should be set at a recall of 9-12 months	Adults with good oral health (no clinical need and low risk) do not need to see a dentist more than once a year. Practices can monitor this information via eDEN. 12 months is the recommended recall interval for 'Green' adults. Data on recall intervals in line with the ACORN will be able to be monitored via eDEN in the future
Fluoride Varnish	Fluoride varnish on 75% of 1 to 3 year olds is unrealistic	Delivering Better Oral Health evidence informed preventive advice. Measure is: all children (aged 3-18); plus 100% of adults AND children aged 18 months to 3 years, who are at risk of decay (amber decay ACORN finding) or who have active decay (red decay ACORN finding).
	Fluoride on low risk children in low risk families	As above. DCPs can deliver follow-up FV applications to low risk children.

	feels like a waste of resources	
	What happens if a practice falls below the 80% FV of amber and red patients? Can FV be applied under an urgent CoT?	There will be a 5% tolerance in FV application. If a practice falls below 75% FV application for amber and red patients, then a 5% reduction in ACV monthly payment will be applied. FV can be applied at an urgent appointment or when patient attends for future treatment.
Other	Terminology of joint decision making, should this be shared decision making?	Yes, one in the same. It's communication with patients. The ACORN generates a care plan which should be discussed with the patient.
	Will financial clawback apply in Q1 and Q2 or will contract renegotiations take place if measures not met?	If measures in Quarter 1 and/or Quarter 2 are not met we would expect a discussion between HB and provider, as would normally be the case, before any adjustment to contract payments was made.
	eDEN - issues regarding login and accessing of reports requires further consideration	NHS Business Services Authority have designed training packages to help with the use of eDEN. They also offer a free, personalised webinar training service to all providers. Any issues with the use of EDEN should be raised with NHSBSA.
	FP17W reporting will be skewed slightly as urgents reported may be higher than normal and CoT may be shorter	Yes. Latest data for February show Urgent treatments still 20% higher in number than the same period in 2020 (some 25% higher for the period July 20 to Feb 21). As a percentage, Urgent treatments represent 29.5% of all CoT compared to 8.6% (Feb21 v Feb20), and 44% compared to 9.3% (July 20 to Feb 21).
	Attend Anywhere is available to all practices and should be encouraged. AA is not a measure but can other systems be used to provide video consultation?	Welsh Government has procured the software nationally for Attend Anywhere and NWIS are satisfied with the information governance. Indemnity cover with the activities associated with Attend Anywhere will be provided under the usual vicarious arrangements with the Welsh Risk Pool. Although practices could use other video conferencing systems, it is our intention to incorporate the use and activity of Attend Anywhere into future reporting arrangements.
	Practices have put in late claims, hence a large number of new patients in January 2021 - this may also skew figures	The patient is counted in the year in which the treatment is carried out.